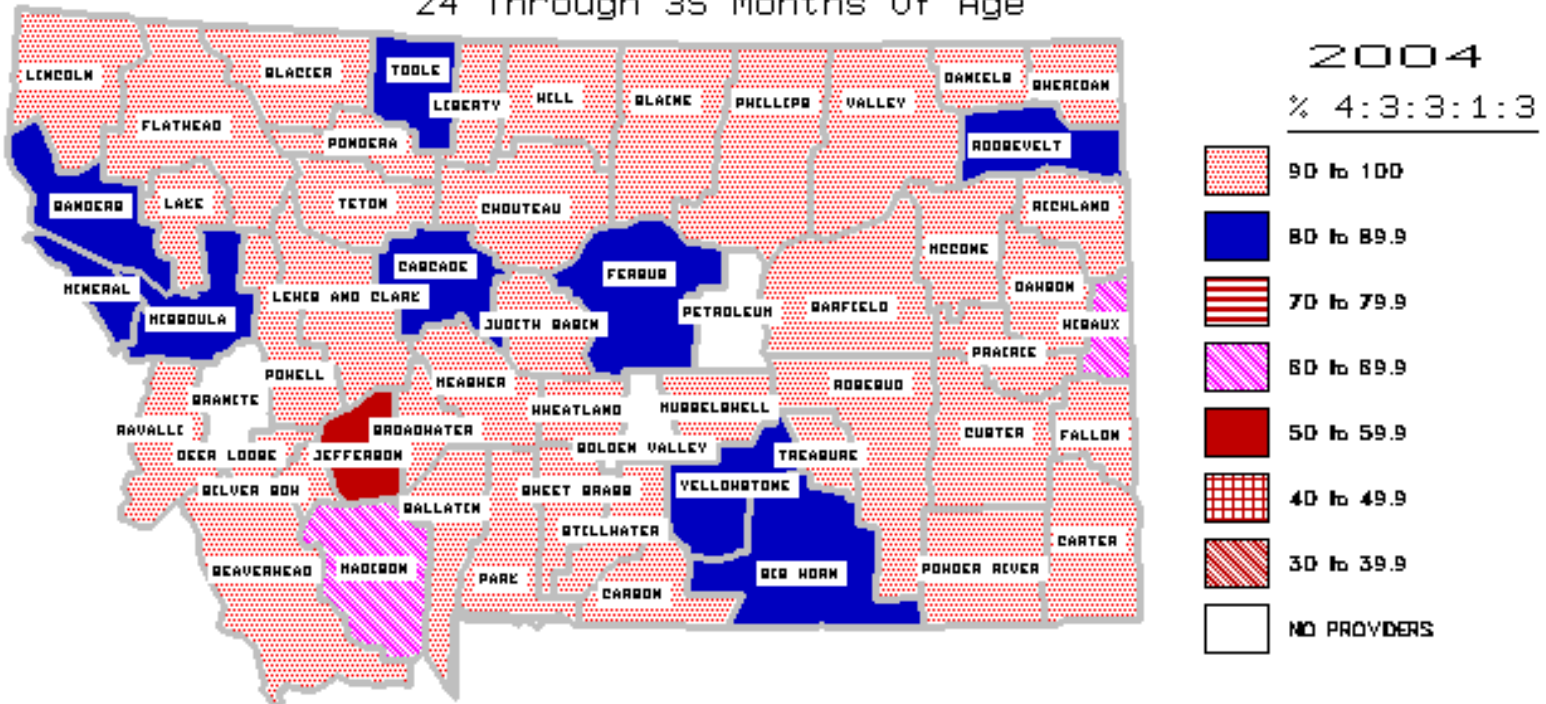


Montana's Immune Response Special Assessment Edition MARCH 2005

Vol. 11 – No. 1

24 Through 35 Months Of Age

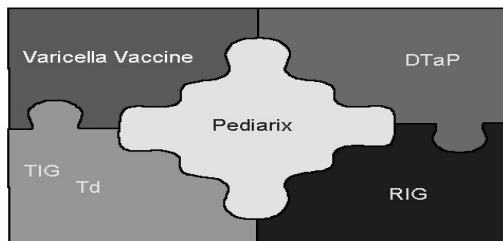


Displayed above are fifty-six unique county stories, but they reflect a common theme – the central importance that each immunization provider has placed on the health of Montana's children. While all primary health services are important, perhaps the most basic and cost-effective is childhood immunization. In a world where 3 million children, each year, do not survive due to vaccine-preventable diseases we, in Montana, have cause to reflect on our good fortune. Absence of those diseases is not the norm, not even the result of unusual good fortune, but the result of vaccination planning and strong laws that cut the size of the pool of susceptible people the diseases need in order to incubate. The central importance that each of you places on immunization saves lives each year and also prevents many more from suffering debilitating illness and lifelong disability. The common theme, access to lifesaving vaccines, is one of the greatest public health achievements of all time.

STATEWIDE/ COUNTYWIDE COVERAGE

Countywide vaccination coverage, at 24-35 months of age, for the vaccine series 4DTaP: 3Hib: 3Polio: 1MMR: 3HepB (displayed on the state map), represents an aggregate of all vaccination provider data for any given county. **2,864** provider-based children representing **25.12%** of the birth cohort for the time frame assessed. Aggregation of all county data reveals a statewide provider-based coverage for the serial combination of **90.9%**. This percentage is reflective of every provider's persistence to lay the foundation of good health for Montana's families through immunization.

“PUZZLES OF THE MONTH”



Situation 1: An 8-month-old child is mistakenly given varicella vaccine.

Question: What are the consequences? What must be done?

Answers: An 8-month-old is likely to have residual passive varicella antibody from his or her mother. The vaccine probably will have no effect, and no action is necessary. The dose should not be counted, and the child should be revaccinated at 12-15 months of age. Depending on the facility, this may be considered a medication error.

Situation 2: A 7-year-old has previously been vaccinated with Hepatitis B, dose 2; DTaP, dose 3; IPV, dose 3; MMR, dose 1; at 12-months of age. Today, he presents to a clinic and receives **Pediarix** (DTaP/IPV/HepatitisB) plus MMR2.

Question: Is this procedure correct?

Answer: Absolutely not! This constitutes medication errors that may result in increased adverse reactions and could also lead to legal issues. First error is the unlicensed use of **Pediarix** for the 4th and/or 5th “booster doses” of DTaP. Secondly, **Pediarix** is not licensed for anyone over the age 6-years. Pertussis vaccine is not approved for anyone over the age of 6 years. The child should have received Td (adult) vaccine. The doses need not be repeated. However, this child should be vaccinated at 17 years of age with Td vaccine.

Situation 3: An infant born to a HBsAg-positive mother is given **Pediarix** at the 2-month vaccination visit.

Question: Can Pediarix be given to infants born to mothers who are HBsAg-positive?

Answer: Yes, although the package insert states that Pediarix should only be given to infants born to mothers who are HBsAg-negative, the ACIP voted on February 26, 2003, to expand its recommendations for use to also include infants born to mothers whose HBsAg status is positive or unknown. In expanding the use of Pediarix beyond FDA prescribing information, ACIP remained consistent with its 1997 vote, which permitted the use of Comvax (Merck's Hib-Hepatitis B combination vaccine) to complete the hepatitis B vaccine series in infants born to HBsAg-positive mothers and mothers whose HBsAg status is unknown.

Situation 4: A child presents at 7-months-of-age with a vaccination record of having received birth-dose Hepatitis B, and dose #1 of DTaP, IPV, Hib, and PCV (childhood pneumococcal).

Question: Can **Pediarix** be used in a child who has fallen behind the vaccination schedule?

Answer: Yes. As with any combination vaccine, it may be used when any of the components are indicated and none are contraindicated. Providers must observe spacing intervals such that the minimum interval between doses is equal to the greatest interval of any of the individual antigens (see the first footnote to Table 1 on page 3 of ACIP's *General Recommendations on Immunization*, MMWR, February 8, 2002). In Appendix A, pages A2, A3 of *Epidemiology and Prevention of Vaccine Preventable Diseases*, 8th edition, January 2004, minimum and optimal antigen spacing intervals are listed. **Pediarix may only be used in children less than 7 years of age and is unlicensed for booster doses 4 & 5.**

Situation 5: A 5-year old received DTaP at 2m, 4m, 6m, 16m, and a 5th dose incorrectly at 23m.

Question: Does this child require a booster dose of DTaP now, or will the incorrect dose given at 23m suffice?

Answer: The fifth dose of the DTaP series should be given no earlier than 4 years of age. The dose at 23 months should be disregarded. The child needs one more dose to complete the series.

NOTICES:

Email and website changes: all state of montana e-mail addresses will now appear on outgoing e-mail messages as user@mt.gov rather than user@state.mt.us. To ease the transition, both addresses will work for incoming mail through December 2005. The address for the official Discovering Montana Web site has also changed to www.mt.gov. The old address (www.discoveringmontana.com) will continue to work temporarily. The DPHHS site will continue to be www.dphhs.state.mt.us for the time being.



Effective January 3, 2005, **Robert E. Wynia, M.D.**, will succeed Gail Gray, Ed.D. as the Director of the Montana Department of Public Health and Human Services. Gail Gray has moved to Rapid City, South Dakota, and will be teaching at Black Hills State University. Dr. Wynia comes to the Department of Public Health and Human Services from Great Falls, Montana, where he had a private practice in Internal Medicine. Dr. Wynia can be reached at the following address: **Robert E. Wynia, M.D. Director, Montana Department of Public Health and Human Services**, P.O. Box 4210, 111 N. Sanders, Helena, MT 59604-4210 406/444-5622, FAX 406/444-1970, email: rwynia@mt.gov. DPHHS web site: <http://www.dphhs.mt.gov>

"Welcome To Your New Baby" Cards

The "Welcome to Your New Baby" cards are redone with each new Governor, to reflect their personal message. It will take time to update our message and get the new cards from Hallmark.

Please continue to order, as your supply runs low. In the interim, we will use the existing cards by converting them to "postcards".



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UP-COMING EVENTS

Regional Conferences:

Billings, March 30, "101" course-March 29.
Miles City, March 31, "101" course-April 1.

Spring Public Health Meeting: Bozeman. May 3-5, 2005

National Infant Immunization Week will be held in conjunction with Vaccination Week in the Americas (VWA). The official NIIW dates are Sunday, April 24 - Saturday, April 30, 2005.

